

409 Rogers View Court Raleigh, NC 27610 office 919.250.9918 facsimile 919.250.9950

MAAONLINE.COM

October 4, 2016

Ms. Janet Macdonald REC Program Inactive Hazardous Sites Branch Superfund Section NC Division of Waste Management 1646 Mail Service Center Raleigh, North Carolina 27699-1646

Subject:

SEPTEMBER 2016 QUARTERLY LETTER STATUS REPORT

**ACME UNITED CORPORATION SITE** 

FREMONT, WAYNE COUNTY, NORTH CAROLINA

**SITE ID NCDO45924339** 

Dear Ms. Macdonald:

In accordance with Acme Corporation's Administrative Agreement (AA) executed August 14, 2008, this letter serves as the quarterly status report for the site in accordance with paragraph III E of the AA. On September 13, 2016 Mid-Atlantic conducted a groundwater monitoring sampling event in general accordance with the Remedial Action Plan dated February 20, 2014. The monitoring report associated with this sampling event is currently under development.

During the next quarter, Mid-Atlantic will complete and submit the groundwater monitoring report associated with the September groundwater sampling.

As we have noted in the past, the assessment work phase completion date set out in 15A NCAC 13C .0302(h) was not met at this site due to long delays associated with property acquisitions and/or access agreements required to complete delineation of the groundwater plume towards the south and west. Now that the assessment has been completed, we anticipate future deadlines associated with remedial activities will be met.

Sincerely,

MID-ATLANTIC ASSOCIATES, INC.

Daniel H. Nielsen, PE, RSM

Principal Engineer

Cc: Mr. Larry Buchtmann, ACME Corporation

## 

DATE & NAME OF DOCUMENT

October 4, 2016 Status Report

TYPE OF SUBMITTAL (circle all that apply): Report, Work plan, Work Phase Comp. Statement, Schedule Change

## REMEDIATING PARTY DOCUMENT CERTIFICATION STATEMENT (.0306(B)(2))

"I certify under penalty of law that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this certification, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, the material and information contained herein is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for willfully submitting false, inaccurate or incomplete information."

| Larry Buchtmann  |                               |
|--|-------------------------------|
| Name of Remediating Party  |                               |
| Signature of Remediating Party  10-5-16  Date  |                               |
| U  |                               |
|  |                               |
| NOTE A DATE A DECOME   |                               |
| NOTARIZATION   |                               |
| P/C  |                               |
| (Enter State)  |                               |
| <u>Lenoi</u> county  |                               |
| I, Kash L Jodes, a Notary Public of said County and State, do hereby certify that  |                               |
| Layry Buchtman did personally appear and sign before me this day, produced proper identification   |                               |
| in the form of NCIDL, was duly sworn or affirmed, and declared that, to the best of his or her   |                               |
| knowledge and belief, after thorough investigation, the information contained in the above certification is true and   |                               |
| accurate, and he or she then signed this Certification in my presence.   |                               |
| WITNESS may hand and official seal this 5 day of Oct , 2016  |                               |
| $\mathcal{L}()$  |                               |
| Note: Public (in the Control of C | SEAL)                         |
| Notary Public (signature)  |                               |
| My commission expires: 7.26 \?   |                               |
| KR   | STIN L YATES<br>Notary Public |
| Longit   | Co North Carolina             |
| My Commis  | sion Expires July 26, 2019    |

| REC PROGRAM DOCUMENT CERTIFICATION FORM - PAGE 2 OF 2   |
|---|
| IHSB SITE NAME ACME UNITED  DATE & NAME OF DOCUMENT October 4, 2016 Status Report   |
| TYPE OF SUBMITTAL (circle all that apply): Report, Work plan, Work Phase Comp. Statement, Schedule Change   |
| REGISTERED SITE MANAGER CERTIFICATION OF SIGNATURES   |
| As the Registered Environmental Consultant for the Site for which this filing is made, I certify that the signatures included herewith are genuine and authentic original handwritten signatures and/or true, accurate, and complete copies of the genuine and authentic original handwritten signatures of the persons who purport to sign for this filing. I further certify that I have collected through reliable means the originals and/or copies of said signatures from the persons authorized to sign for this filing who, in fact, signed the originals thereof. Those persons and I understand and agree that any copies of signatures have the same legally binding effect as original handwritten signatures, and I certify that any person for whom I am submitting a copy of their signature has provided me with their express consent to submit said copy. Additionally, I certify that I am authorized to attest to the genuineness and authenticity of the signatures, both originals and any copies, being submitted herewith and that by signing below, I do in fact attest to the genuineness and authenticity of all the signatures, both originals and copies, being submitted for this filing. |
| Name of Registered Site Manager  Signature of Registered Site Manager  Date   |
| REGISTERED SITE MANAGER DOCUMENT CERTIFICATION STATEMENT (.0306(b)(1))  |
| "I certify under penalty of law that I am personally familiar with the information contained in this submittal, including any and all supporting documents accompanying this certification, and that the material and information contained herein is, to the best of my knowledge and belief, true, accurate and complete and complies with the Inactive Hazardous Sites Response Act N.C.G.S. 130A-310, et seq, and the remedial action program Rules 15A NCAC 13C .0300. I am aware that there are significant penalties for willfully submitting false, inaccurate or incomplete information."  Daniel H. Nielsen  Name of Registered Site Manager  Jo 7/6  Date  |
| NOTARIZATION  |
| (Enter State)   |
| <u>wake</u> county  |
| I, Bevery R Ogleshy, a Notary Public of said County and State, do hereby certify that  Daniel H. Mielsen did personally appear and sign before me this day, produced proper  identification in the form of NCDC, was duly sworn or affirmed, and declared that, he or she is the  |
| duly authorized environmental consultant of the remediating party of the property referenced above and that, to the best  |
| of his or her knowledge and belief, after thorough investigation, the information contained in the above certifications is true and accurate, and he or she then signed these Certifications in my presence.  |
| WITNESS my hand and official seal this day of Oct, 2016   |
| Notary Public (signature) (OFFICIAL SEAL)   |
| My commission expires: 813 20.  BEVERLY R. OGLESBY NOTARY PUBLIC  |

My Commission Expires

Document Certification Form No. DC - II (Revised 8/11)